17

United States Environmental Protection Agency (EPA)
Region 2
290 Broadway
New York, NY 10007-1866

Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S): JEFF BLAIR **DATE:** 10/27/12

SIC CODE: **ICIS #:**

I. Location of Tank(s) ☐ Tribal

Facility Name: NJ ENERGY CORP. # 30115
Street Address: 101 BLOOMFIELD AVENUE
City: VERONA State: NJ Zip Code: 07044
County: ESSEX
Phone Number: (973) 433-7177 Fax Number:
Contact Person(s): EDGAR AMADOR, ENV. COMP. SPECIALIST

II. Ownership of Tank(s) ☐ same as location (I.)

Owner Name: NJ ENERGY CORP.
Street Address: 536 MAIN STREET
City: NEW PALTZ State: NY Zip Code: 12561
County:
Phone Number: (845) 256-0142 Fax Number:
Contact Person(s): SCOTT PARKER, DIRECTOR - FACILITIES

IIA. Ownership of Other Facilities

☐Do you own other UST Facilities **Yes / No**

If Yes, How many Facilities 34 How many USTs 112

III. Notification

☐ Notification to implementing agency; name NJ DEP effective 7/14/10 to 7/1/14
State Facility ID # 007737

IV. Financial Responsibility

CHUBB SPECIALTY INSURANCE CO.

☐ State Fund
☐ Guarantee ☐ Surety Bond
☐ Local Government ☐ Self Insured
☐ Private Insurance: Insurer/Policy # ST 534-4283
☐ Letter of Credit
☐ **Not Required** (Federal & State government, hazardous substance USTs)

V. Release History N/A ☐

☐ To your knowledge, are there any public or private Drinking Water Wells in the vicinity ? **Yes / No**

☐ Evidence of release or spills at facility ☐ Greater than 25 gallons (estimate)
☐ **Releases reported to implementing agency; if so, date(s)** _____ [280.53]
☐ Release confirmed; when and how _____
☐ Initial abatement measures and site characterization ☐ Free product removal
☐ Soil or ground water contamination ☐ Corrective action plan submitted
☐ Remediation ongoing ☐ Remediation completed, no further action; date(s) _____

Notes:

VI. Tank Information	Tank No.	24	25	26			
Tank presently in use		YES	→	→			
If not, date last used	(see Section XII)						
If empty, verify 1" or less left	(see Section XII)						
Capacity of Tank (gal)							
Substance Stored		UNLEADED	→	→			
M/Y Tank installed / Upgraded		04/92	→	→			
Tank Construction : Bare steel, Sti-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW)		DW FRP	→	→			
Spill Prevention		SPILL BUCKET	→	→			
Overfill Prevention (specify type)		* NS *	→	→			
Special Configuration: Compartmentalized , Manifolded		MANIFOLDED	→	NO			

VII. Piping Information

Piping Type : Pressure, Suction	PRESSURE	→	→			
Piping Construction: Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW)	DW FRP	→	→			

Tank and Piping Notes:

NO VERIFICATION OF OVERFILL PREVENTION DEVICE(S)

COMMENT ADDED 03/15/12 → SEE ATTACHED MEMO REGARDING OVERFILL PREVENTION

VIII. Cathodic Protection

N/A ☐

Integrity Assessment conducted prior to upgrade							
Interior Lining:	Interior lining inspected						
Impressed Current	CP Test records						
	Rectifier inspection records						
Sacrifical Anode:	CP test records	✓	✓	✓			

CP Notes:

Tank No.	E4	E5	E6			
IX. UST system used solely by Emergency Power Generator	NO →	→	→			

X. Release Detection

N/A ☐

Tank RD Methods	ATG	YES →	→	→			
	Interstitial Monitoring						
	Groundwater Monitoring						
	Vapor Monitoring						
	Inventory Control w/ TTT						
	Manual Tank Gauging						
	Manual Tank Gauging w/ TTT						
	SIR						
12 Months Monitoring Records (*Must Make Available Last 12 Months For Compliance*)		YES →	→	* NO *			

Tank RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)

I REVIEWED 12/12 PREVIOUS MONTHS OF PASSING ATG RESULTS FOR REGULAR TANKS + 7/12 MONTHS OF PASSING ATG RESULTS → MISSING OCT + DEC 2011, JAN, FEB + MAY 2012

TANK MONITOR → SIMPLICITY

Pressurized Piping RD Methods		N/A ☐					
	Interstitial Monitoring						
	Groundwater Monitoring						
	Vapor Monitoring						
	SIR						
12 Months Monitoring Records							
	Annual Line Tightness Test	YES →	→	→			
ALLD	Present	YES →	→	→			
	Annual Test	YES →	→	→			

Piping RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)

I REVIEWED PASSING LEAK DETECTOR AND PRESSURIZED LINE TEST RESULTS

TEST DATE → 05/03/12

Init/Date JKB 10/04/12

XI. Repairs

N/A ☑

Repaired tanks and piping are tightness tested within 30 days of repair completion	Y □ N □ Unknown □
CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system	Y □ N □ Unknown □
Records of repairs are maintained	Y □ N □ Unknown □

XII. Temporary Closure

N/A ☑

CP continues to be maintained	Y □ N □ Unknown □
UST system contains product and release detection is performed	Y □ N □ Unknown □
Cap and secure all lines, pumps, manways	Y □ N □ Unknown □

Notes:

Init/Date JKB 10/5/12

THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2 UST PROGRAM
Ground Water Compliance Section
New York, NY 10007-1866

Inspector Observation Report

Inspection of Underground Storage Tanks (USTs)

☐ No violations observed at the conclusion of this inspection.

☐ The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s):

Violations Observed:

Regulatory Citation	Violation Description
§ 280.20(c)	FAILURE TO USE AN OVERFILL PREVENTION SYSTEM
§	
§ 280.45	FAILURE TO MAINTAIN RELEASE DETECTION MONITORING
§	
§	
§	
§	
§	

Actions Taken:
☐ Field Citation; # _____ ☐ Additional information required ☐ On-site request/Due date _____

Comments/Recommendations:

- NO VERIFICATION OF OVERFILL PREVENTION DEVICE
- MISSING TWELVE MONTHS OF RELEASE DETECTION RESULTS FOR PREMIUM TANK

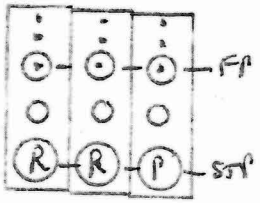
Name of Owner/Operator Representative:	Name of EPA Inspector/representative
_____ (Please print)	JEFFREY K BLAIR (Please print)
_____ (Signature)	_____ (Signature)
Other Participants: _____	_____ (Credential Number)
	Date of Inspection 10/04/12 Time 10:45 AM/PM

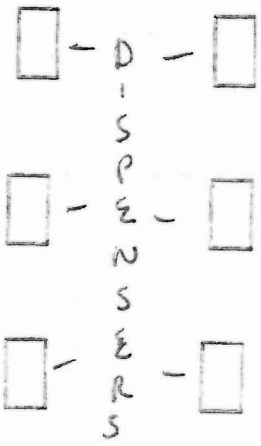
SITE DRAWING

DATE: 10/24/12 TIME ON SITE: 0910AM TIME OFF SITE: 0945AM

WEATHER: 75° + overcast

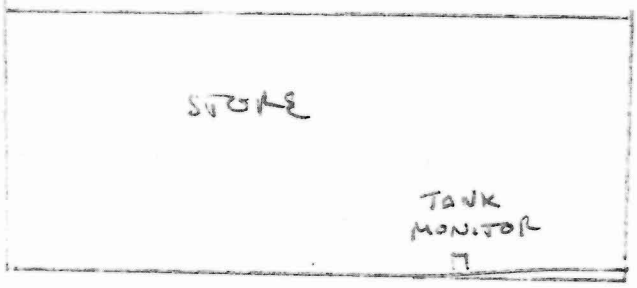
ENVIRONMENTALLY SENSITIVE AREA : Y ☐ N ☑
If "Yes", please describe:





PHOTOS

077 FP REG
078 STP REG
079 FP REG
080 STP REG
081 FP PRE
082 STP PRE
083 TANK MONITOR
084 SITE



☑ Pictures

Init/Date JCB 10/24/12

007787

THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2 UST PROGRAM
Ground Water Compliance Section
New York, NY 10007-1866

VERONA SITE

Inspector Observation Report

Inspection of Underground Storage Tanks (USTs)

□ No violations observed at the conclusion of this inspection.

□ The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s):

Violations Observed:

Regulatory Citation	Violation Description
§	
§	
§	
§	
§	
§	
§	
§	

Actions Taken:
□ Field Citation; # _____ □ Additional information required □ On-site request/Due date _____

Comments/Recommendations:

Name of Owner/Operator Representative:

Edgar Arnold
(Please print)

(Signature)

Other Participants: _____

Name of EPA Inspector/representative

(Please print)

(Signature)

(Credential Number)

Date of Inspection _____ Time _____ AM/PM

Init/Date JLB 10/07/12

11/04/2010

Required Fields to be used for ICIS Only

Compliance Monitoring

Activity: UST Inspection

Inspection Conclusion Data Sheet

1) Did you observe deficiencies (preferred violations) during the on-site inspection? Yes

Deficiencies observed: (Put an **X** for each observed deficiency)

X Potential failure to complete or submit a notification, report, certification, or manifest

X Potential failure to follow or develop a required management practice or procedure

X Potential failure to maintain a record or failure to disclose a document

X Potential failure to maintain/inspect/repair meters, sensors, and recording equipment

___ Potential failure to report regulated events, such as spills, accidents, etc.

2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? **Yes / No**

3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? **Yes / No**

If yes, what actions were taken? (2) WILL FORWARD OVERFILL PREVENTION VERIFICATION (3) WILL ATTEMPT TO LOCATE MISSING MONTHS OF PASSING ATG RESULTS

4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector In providing Compliance Assistance during Inspections? **Yes / No**

5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? **Yes / No**

COMMENT ADDED 10/05/12 → SEE ATTACHED MEMO REGARDING OVERFILL PREVENTION

Init/Date JKB 10/04/12

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
I. Spill Prevention	1	Spill prevention device is present and functional. [280.20(c)(1)(i), 280.21(d)]		✓	
II. Overfill Prevention	2	Overfill prevention device is present and operational. [280.20(c)(1)(ii), 280.21(d)]			✓
		❑ Automatic shutoff is operational (ie., device not tampered with or inoperable) [280.20(c)(1)(ii)(A), 280.21(d)] ❑ Alarm is operational. [280.20(c)(1) (ii)(B), 280.21(d)] ❑ Alarm is audible or visible to delivery driver. [280.20(c)(1) (ii)(B), 280.21(d)] ❑ Ball float is operational. [280.20(c)(1)(ii)(B), 280.21(d)]			
III a. Operation and Maintenance	3	Repaired tanks and piping were tightness tested within 30 days of repair completion (not required w/internal inspections or if monthly monitoring is in use). [280.33(d)]	✓		
III b. Operation and Maintenance of Corrosion Protection	4	CP systems were tested/inspected within 6 months of repair of any cathodically protected UST system. [280.33(e)]	✓		
	5	Corrosion protection system is properly operated and maintained to provide continuous protection. [280.31(a)(b), 280.70(a)]	✓		
		❑ UST system (Choose one) ❑ UST in operation ❑ UST in temporary closure ❑ CP System is properly operated and maintained ❑ CP system is performing adequately based on results of testing. [280.31(b)]; - or - ❑ CP system tested within required period and operator is conducting or has completed appropriate repair in response to test results reflecting CP system not providing adequate protection.			

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
III b. Operation and Maintenance of Corrosion Protection (Continued)	6	UST systems with impressed current cathodic protection are inspected every 60 days. [280.31(c)]	✓		
	7	Lined tanks are inspected periodically and lining is in compliance. [280.21(b)(1)(ii)]	✓		
IV. Tank and Piping Corrosion Protection	8	Buried metal tank and piping (which includes fittings, connections, etc.) is corrosion protected. [280.20(a), 280.20(b), 280.21(b), 280.21(c)]		✓	
		☐ Buried metal piping components (such as swing joints, flex-connector, etc.) are isolated from the soil or cathodically protected. For new USTs - tanks and piping installed after 12/22/88 [280.20(a), 280.20(b)]: ☐ Steel tank or piping is coated with suitable dielectric material and cathodically protected. [280.20(a)(2), 280.20(b)(2)] ☑ Tank is fiberglass, clad, or jacketed and piping is fiberglass or flexible plastic. [280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)] ☐ Records are available to document that CP is not necessary. [280.20(a)(4)(ii), 280.20(b)(3)(ii)] For existing USTs - tanks and piping installed on or before 12/22/88 [280.21(b), 280.21(c)]: ☐ Tank and piping meet new UST requirements [280.21(a)(1)] ☐ Steel tank is internally lined. [280.21 (b)] ☐ Metal tank and piping are cathodically protected. [280.21(b)(2), 280.21(c)]			

Notes: N/A - Indicates that the measure is not applicable.
Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Prevention Compliance Measures. In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Release Detection Compliance Measures Matrix

Instructions - To Determine Compliance Status of Measures #1-7,
Work Through the Worksheet "Commonly Used Release Detection Methods" Below.

Regulatory Subject Area	Measure #	SOC Measure/ Federal Citation	In Compliance? N/A	Y	N
I. Release Detection Method Presence and Performance Requirements	1	Release detection method is present. [280.40(a)]		✓	
	2	Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [(280.40(a)(1)]		✓	
	3	Release detection system meets the performance standards at 280.43 or 280.44. [(280.40(a)(3)]		✓	
	4	Implementing agency has been notified of suspected release as required. [(280.40(b)]	✓		
		☐ Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]			
II. Release Detection Testing	5	Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)]			✓
III. Hazardous Substance UST Systems	6	Hazardous substance UST system leak detection meets the requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [280.42(b)]	✓		
IV. Temporary Closure	7	Release detection requirements are complied with (i.e., method present, operational, releases investigated and reported as required) for UST systems containing product. [280.70(a)]	✓		

Worksheet - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
☐			**A. Inventory Control with Tank Tightness Testing (T.T.T)** ☐ Inventory control is conducted properly. ☐ T.T.T. performed as required (See "D" below). ☐ Inventory volume measurements for inputs, withdrawals, and remaining amounts are recorded each operating day and reconciled as required. [280.43(a)(1), 280.43(a)(3)] ☐ Equipment is capable of 1/8-inch measurement. [280.43(a)(2)] ☐ Product dispensing is metered and recorded within local standards for meter calibration to required accuracy. [280.43(a)(5)] ☐ Water is monitored at least monthly. [280.43(a)(6)]

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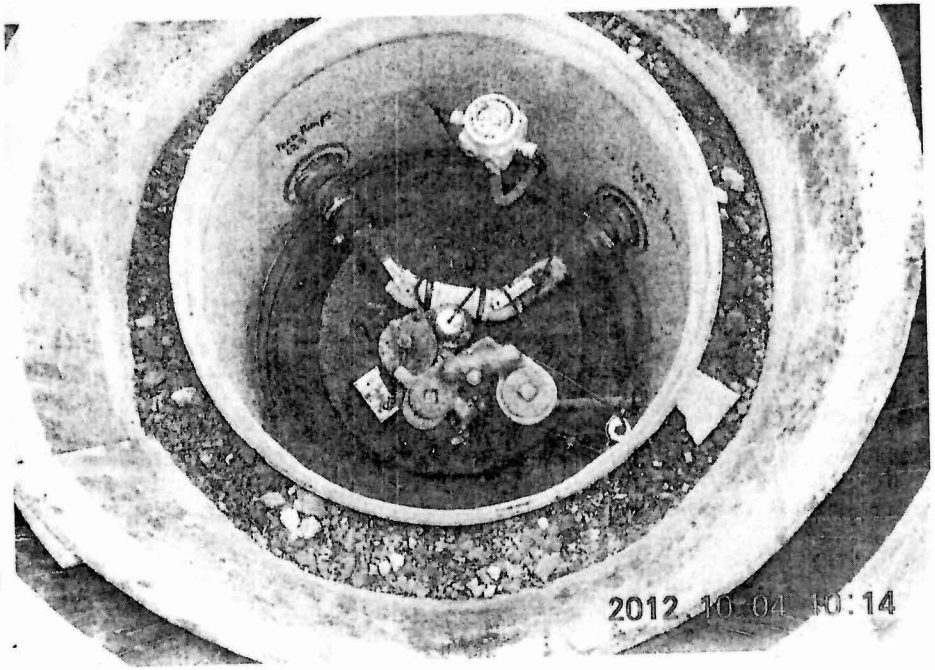
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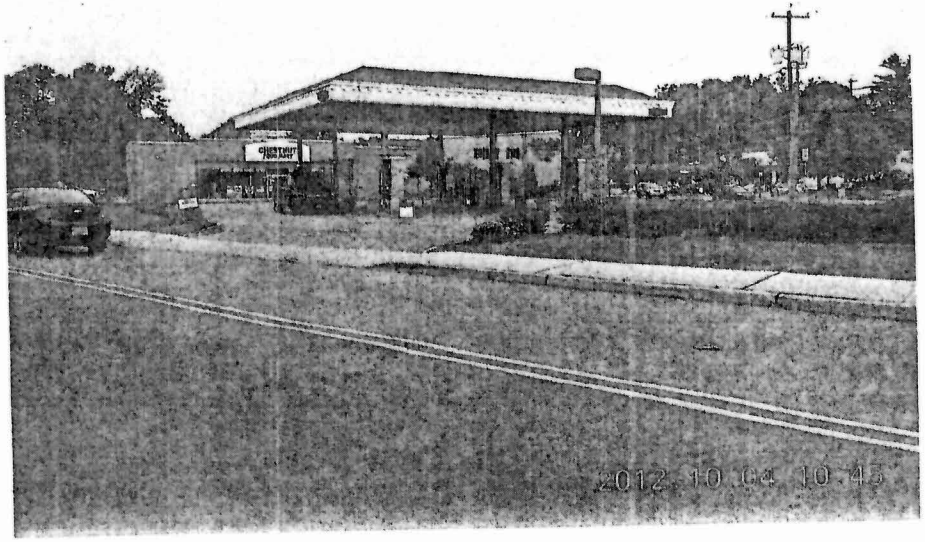
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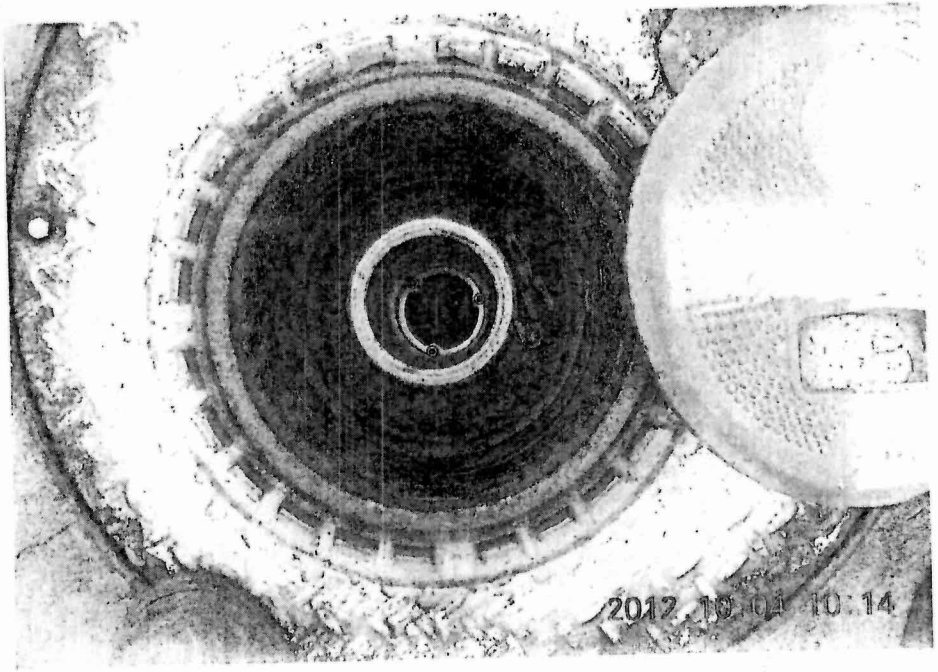
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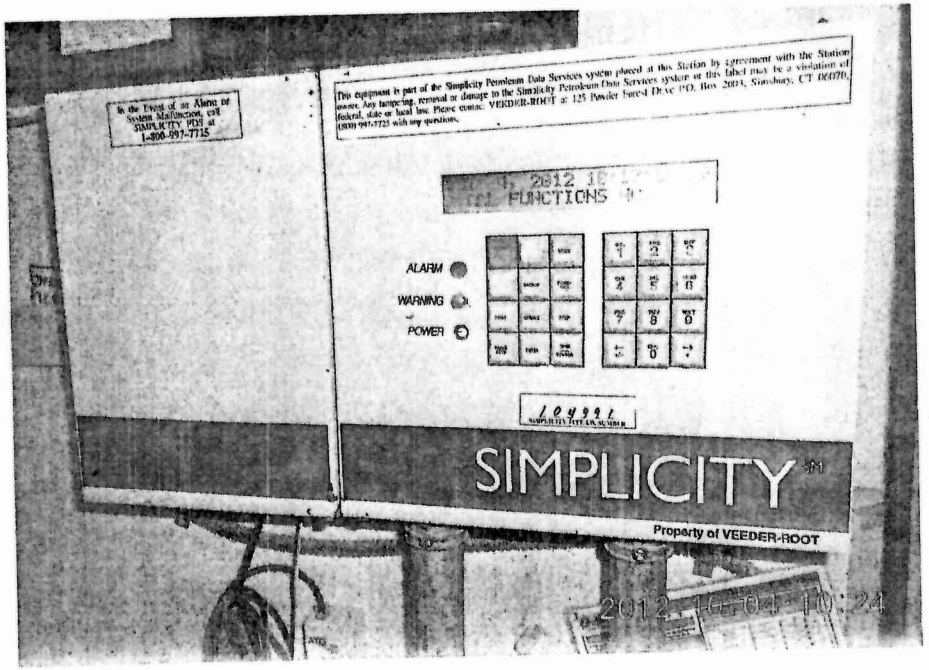
In the Event of an Alarm or System Malfunction, call SIMPLICITY PDS at 1-800-997-7715
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